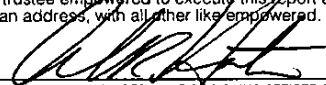


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90177 016 ***150.00

DOCUMENT # P96000063610					
1. Entity Name A BEKA BOOK, INC.					
Principal Place of Business 250 BRENT LANE PENSACOLA, FL 32503			Mailing Address BOX 19100 PENSACOLA, FL 32523-9100 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3391229	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HORTON, ARLIN R DR 250 BRENT LANE PENSACOLA, FL 32503				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☐ Delete HORTON, ARLIN R DR 250 BRENT LANE PENSACOLA, FL 32503		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ☐ Delete HORTON, DR. REBEKAH 250 BRENT LANE PENSACOLA, FL 32503		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Delete BEEMER, MATTHEW A 2548 SOUTHERN OAKS DRIVE CANTONMENT, FL 32533		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Change ☒ Addition CRAWFORD, WILLIAM 6067 ST. ALBAN PENSACOLA, FL 32503	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Delete MULLENIX, JOEL 3236 WINDMILL CIRCLE CANTONMENT, FL 32533		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Change ☒ Addition OHMAN, PAUL 5977 ST. ALBAN PENSACOLA, FL 32503	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <u>Arlin Horton</u> <u>4/27/2006</u> <u>(850)478-8480</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					